Agricultural Business Training Program

2009 Application Form

(See "Confidentiality Statement" on last page)

Locations and times to be announced

Section I: Applicant Information					
Applicant's name:					
Name of agricultural b	usiness (if any):				
Street address:					
Mailing address:					
Telephone: Day	Evening				
Fax:	E-mail:				
1) How did you hear al course as "Borrower T	bout the program? (Please also tell us if FSA has asked you to take this Training")				
2) How long has this a	g business been operating, and when/how did you become involved?				
other source at this tim	ed in and/or are you receiving business development services from any le (such as Farm Viability Program, a CDC program, Farm Credit services, SBDC/SBA program)? If yes, please describe:				
	tected by a permanent restriction (APR) or temporary restriction (Farm ndicate by type (Land Trust, State, Federal etc.):				

5) Is the farm/ag enterprise your only/main source of income?
a) If no, what other sources of income do you have which require a substantial investment of your time and/or resources?
b) What percentage of your annual income do you expect to earn from farm receipts?
6) Who else must be consulted to make significant business decisions (sale/purchase of land, building construction, land use, etc.) related to this enterprise?
Name Relationship to you
7) Who in your business, other than yourself, may want to attend course sessions, (on a space-available basis for no extra fee)?
NameFarm Role
1) Number of years in operation:Type of legal organization:
2) Total acres in production: Owned: Leased:
3) Approximate production by specific crop (e.g., 2 acres hay, 6 acres vegetable crops, 15 acres bogs, 2500 Maple Taps, 5,000 largemouth bass, Milking 80 etc.):
4) Approximate gross and net annual income (separate by /) from these activities (by category if possible):
5) Describe your business marketing focus (mail order, farmstand retail, wholesale, processing, etc.):
6) Please describe any changes you have made over the last several years (e.g., production, operation, and/or new products/services) and list any changes you are considering now for this business that you will explore in this course:

7) Who performs the following functions for	your business?
Bookkeeping:T	axes/Financial Statements:
8) Do You File IRS Schedule F (or corporate	equivalent) ?
9) Number of employees: full-time	part-time/seasonal
other (interns, apprentices, etc.)	
have internet/e-mail access (required for this	e an on-farm computer? Does it course)? Does it have a recent version Do you have bookkeeping/accounting ickBooks)?
11) Are the following historical financial rec	ords available?
Farm tax returns Income/expense ledger Summary financial statements	
1) What are your key objectives in taking this	Your Course Goals: s course?
	at you would like to focus on within the time frame ance from 1 to 3, with 1 the most important:
• Evaluate current production systems	 Prepare to involve family in decisions
 Analyze profit/loss centers, product mix 	 Identify risk management points and tools
 Develop financial planning skills 	 Reevaluate business
• Prepare for farm succession	structure/efficiency
Become/Continue to be eligible for Farm Credit, FSA or other source of financing	 Conduct market research/analysis Define needs and sources for individual technical assistance
 Set-up bookkeeping/payroll system 	

•	Develop new products (indicate current ideas):
•	Study feasibility of a potential new/alternative farm venture (describe):
•	Other:
	rall, what do you need from this course to strengthen the economic viability of sterprise?
	itional comments that you feel may help us evaluate/understand your interest in expectations for this course:

Section IV: Enrollment Information

Tuition

While most of the program cost is underwritten by the Massachusetts Department of Agricultural Resources and its regional partners, each participating business pays tuition of \$200 (more than one person may attend for this single fee, space permitting). The fee includes all course materials and limited follow-up technical assistance for each farm enterprise. We will request payment to reserve your space when you are notified of acceptance. Your check will be returned if the course is cancelled for any reason. We reserve the right to select applicants whose ag business needs we think will best be served by this program, and who will best contribute to the participant mix.

Applicant Agreement to Program Requirements

Students will be expected to:

- 1) Prepare and discuss with your Instructor historical and projected financial records that will serve as a confidential base-line for your plan
- 2) Miss no more than one course session full attendance yields the biggest dividends
- 3) Complete "homework" assignments between sessions, seeking additional help as needed
- 4) Complete and submit a copy of your business plan for confidential review by your Instructor

Confidentiality Statement

All financial records and business plans will be kept confidential and will not be discussed in class (unless you choose to use specific examples). The purpose of sharing historical financial information with your Instructor is to help you clarify the current status of your farm finances, and to determine how the program can best assist in the development of your business plan. It is important that you know your real capacity to implement your plans, and it is important that you separate out personal assets that should not be placed at risk in your business (unless you make an informed choice to do so). The program instructor will review your business plan during and after completion to help you identify where you need to conduct additional research and obtain technical assistance. Business plans may be reviewed by the MDAR Business Program Director for documentation/course evaluation purposes. Plans will not be filed, duplicated or distributed. If you have any concerns or questions about any of the program requirements, please contact the Program Director.

Your signature below indicates your understanding of these terms.

Signature _			
-			
Date			

Program Acceptance

We will contact you by phone if we have questions about your application, and to notify you about your acceptance into the program. Please DO NOT send payment until that time.

Please mail or Fax your completed application to:

Rick Chandler, MDAR/ABTP, 25 West Experiment Station, UMass, Amherst, MA 01003

Phone: 413-577-0459 Fax 413-577-3820 email: rchandler@umext.umass.edu